## Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>12-08-2008</u>	Address:	4355 S. ST. THOMAS RD	
Case #:	<u>96-03666</u>		VINCENNES, IN 47591	
County:	<u>KNOX</u>			
Type of Laboratory Scizure (check one)  Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)		Seizure Location (e	heck all that apply)  Ilotel/Motel Open – No Structure Other:	
Items Found: Location (bedroom, kitchen, open air, etc)   Check all that apply    Lithium/Ammonia Reaction(s): OUTBUILDING   Red Phosphorous/Iodine Reaction(s):   Flammable Solvents: OUTBUILDING   Water Reactive Metal (Lithium): OUTBUILDING/FIRE PIT   Auhydrous Ammonia: OUTBUILDING   Hydrochloric Acid Gas Generator(s): FIRE PIT   Corrosive Acid: OUTBUILDING/FIRE PIT   Corrosive Base:   Other (item and location):				
Child under age 18 discovered (check one)  Yes (number present)  No  *If yes, fax report to Child Protective Services  This report is to be faved to the following a ground		☐ Ephedrine,☐ Retail/Mer☐ Other;☐	Investigative Information  Ephedrine/Pseudocphedrine Tracking Log Retail/Merchant Tip Other:	
This report is to be faxed to the following agencies that serve the location:  Pire Department: JOHNSON VID Fax:				
	_	Fax: <u></u>		
Health Department: KNOX CO HD		Fax: 812-882		
Untila Protect	tion Service: <u>KNOX CO CPS</u>		_ <del>_</del>	
For further information regarding this methamphetamine laboratory, contact investigating Officer: <u>Ryan M. Johnson</u> Phone <u>812-867-2079</u>				

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing. This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.